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Bib Data Sheet

CONFIRMATION NO. 8730

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|-----------------------------|--|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/517,793 | FILING OR 371(c)<br>DATE<br>12/13/2004<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>PG4881USw |
|-----------------------------|--|--------------|------------------------|-------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/07937 07/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0216831.8 07/19/2002

|                                 |  |                                    |                      |                    |                         |
|---------------------------------|--|------------------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS DRAWING<br>11 | TOTAL CLAIMS<br>25 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance |                                    |                      |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____  |                                    |                      |                    |                         |

**ADDRESS**

23347

**TITLE**

Medicament dispenser

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1150 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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